# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/534308  **FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
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| TOTAL CLAIMS | | | | 25 | | |

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |

PTO-1360 (REV. 11-91)